

WAIVERS  
State Board of Education  
P.O. Box 30008  
Lansing, Michigan 48909

## ADMINISTRATIVE RULE WAIVER APPLICATION For Single District Use

Applicant: \_\_\_\_\_ District Code: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate the following:

The applicant is a (check):

\_\_\_\_\_ Local District    \_\_\_\_\_ Public School Academy (PSA)    \_\_\_\_\_ University School  
\_\_\_\_\_ Intermediate School District (ISD)

This waiver application applies (check):

\_\_\_\_\_ To all buildings directly related to this local or intermediate school district, PSA, or University School.  
\_\_\_\_\_ To \_\_\_\_\_ (number) of the \_\_\_\_\_ (total) buildings in this local or ISD, PSA, or University School.

I. Identify the topic and specific Administrative Rule for which a waiver is being sought under section 1281(3) of the Revised School Code of 1995. (One rule per application.)

II. For what length of time is the waiver being sought? (Not to exceed three years.)

III. Please provide the following information. (Attach supporting documents.)

- (1) Waiver Criteria: Describe how the applicant will address the intent of the rule being waived in a more effective, efficient, or economical manner, or why the waiver is necessary to stimulate improved pupil performance.
- (2) Process: Describe who and explain how interested parties were notified and involved in the application process, e.g. teachers, parents, community, others.
- (3) Accountability: Describe the applicant's plan for addressing issues of local accountability and how it will document that the waiver continues to meet waiver criteria, that it does not compromise equal opportunities for learning, and that it is not detrimental to the educational interests of any pupil.

### IV. Assurances

The information in this application has been reviewed and is true to the best of our knowledge. We assure that the purpose of the waiver as described in this application will be fulfilled, that it meets the criteria of the act, that it does not compromise equal opportunities for learning and that this plan is not detrimental to the educational interests of pupils.

Board President Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

The Superintendent of Public Instruction will forward the application with a recommendation  
to the State Board of Education within 60 days of receipt of the application.